

**FOR MAV-P OFFICE USE ONLY**

**DATE RECEIVED:** \_\_\_\_\_  
**APPOINTMENT DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_  
**TYPE OF INTERVIEW:** ☐ Telephonic ☐ In Person  
**INTERVIEWED BY:** \_\_\_\_\_

**MISSISSIPPI ACCESS AND VISITATION PROGRAM (MAV-P)  
APPLICATION**

The purpose of the Mississippi Access and Visitation Program (MAV-P) is to assist the non-custodial parent (NCP), who has an existing visitation and custody order, increase his/her parenting time with his/her child(ren). The NCP (mother or father) is defined as a parent who does not have physical custody of his/her child. A non-custodial parent (NCP) with a history of domestic/family violence may not be eligible for assistance from MAV-P. If you have any questions, please call 601-359-4589.

**Applications should be mailed to:**

Mail Address

Mississippi Department of Human Services  
Mississippi Access and Visitation Office  
750 North State Street  
Jackson, MS 39202

Email Address

foundationforfamilies@mdhs.ms.gov

**Please complete the following.**

Please indicate how you learned about MAV-P by checking the appropriate box in referral type below:

Referral Type: ☐ Self Court ☐ Child Support Agency ☐ Domestic Violence Agency  
☐ Child Protection Agency ☐ Other \_\_\_\_\_

**SECTION A: APPLICANT OR PERSON REQUESTING INFORMATION**

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Please indicate the problem by checking the appropriate box below:

☐ Custodial Parent (CP) not allowing visitation ☐ Inconsistent visitation by Non-Custodial Parent (NCP)  
☐ There is a great distance between residencies ☐ NCP refuses to return child(ren)  
☐ Child(ren) location not known ☐ Interstate Problem  
☐ Child Support Issue ☐ Other \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_

Is there an existing court order for visitation ☐ Yes ☐ No

If yes, please:

- List the court docket number \_\_\_\_\_.
- List the county where the court order is filed \_\_\_\_\_.
- Submit a copy of the court order along with this application to MAV-P. If you do not have a copy, please contact the Chancery Court in the county where the order was filed.

Is there a Child Support Case? ☐ Yes ☐ No ☐ Unknown

If yes, please list the case ID number (if known) \_\_\_\_\_

Please indicate your relationship to the child(ren) by checking the appropriate box below:

☐ Mother ☐ Father ☐ Other \_\_\_\_\_

Does the child(ren) live with you? ☐ Yes ☐ No

If not, with whom? (Complete SECTION B) \_\_\_\_\_

**SECTION B. CUSTODIAL PARTY'S INFORMATION** - Please complete the following information on the person who has custody of the child, if known:

Name of Custodial Party: \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**SECTION C. MOTHER'S INFORMATION**- If the mother is not the applicant/person requesting information (SECTION A) or custodial party (SECTION B), please provide the following information on the mother, if known:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**SECTION D. FATHER'S INFORMATION**- If the father is not the applicant/person requesting information (SECTION A) or custodial party (SECTION B), please provide the following information on the father, if known:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**SECTION E. CHILD/CHILDREN'S INFORMATION**

First Child Name \_\_\_\_\_ Third Child Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Second Child Name \_\_\_\_\_ Fourth Child Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

I have read the above application and attest that the foregoing information is true and correct to the best of my knowledge and understanding. I understand that ANY allegation or history of domestic violence or abuse may result in my case being closed immediately as it pertains to the Mississippi Access and Visitation Program (MAV-P). I further understand that failure to cooperate with MAV-P will not have any impact on my child support case and that case will remain active. I understand that through this Program, the Child Support Enforcement Services' attorneys will not pursue enforcement or modification of a current or past visitation order. I understand that I have the right to obtain (at my own expense) legal counsel on the issue of custody and or visitation at any time. I further understand that the Child Support Enforcement Services' attorneys represent the State of Mississippi in the best interest of the child and DO NOT represent me. I understand that submission of my application does not guarantee that MAV-P will provide any service whatsoever other than to review my application for any possible action that can be taken by the Program.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_